

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **February 16th through 28th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION					
Legal Name: James M Carney, Director			Organizational Unit: Department of Housing & Community Services		
Address (give city, county, State, and zip code): 950 Maidu Ave, Nevada City, Nevada County, CA 95959			Name and telephone number of person to be contacted on matters involving this application (give area code) 530-265-1388		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000526			7. TYPE OF APPLICANT: (enter appropriate letter in box) B		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
			9. NAME OF FEDERAL AGENCY: USDA, Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433 TITLE: Rural Housing Preservation Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Very Low Income Single Family Housing Rehab Grants in Nevada County, CA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Nevada County, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 7/1/03	Ending Date 6/30/04	a. Applicant 4th Congressional District		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 100,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/28/03			
b. Applicant	\$ 25,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 1,000,000 ⁰⁰				
d. Local	\$ 329,000 ⁰⁰				
e. Other	\$ 30,760 ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 1,484,760 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative James M Carney		b. Title Director, Housing & Community Svs		c. Telephone Number (530) 265-1388	
d. Signature of Authorized Representative 				e. Date Signed 2-28-03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED February 27, 2003	Applicant Identifier
<input type="checkbox"/> Application Construction <input type="checkbox"/> Application Non-Construction <input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Glenn County		Organizational Unit: Glenn County Office of Education	
Address (give city, county, State, and zip code): 525 West Sycamore Street Willows, CA 95988		Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Joni Samples (530) 934 - 6575	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-600069		7. TYPE OF APPLICANT: (enter appropriate letter in box) [B]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans		9. NAME OF FEDERAL AGENCY: US Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Glenn County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Administration Building	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 5/1/03	Ending Date 11/1/03	a. Applicant Doug Ose - CA 03	b. Project Doug Ose - CA 03
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,250,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/27/03	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 2,250,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dr. Joni Samples		b. Title Superintendent of Schools	c. Telephone Number (530) 934-6575
d. Signature of Authorized Representative <i>Joni Samples</i>		e. Date Signed 02/27/03	

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)

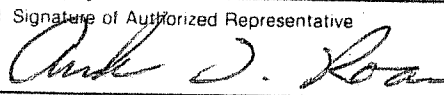
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2-26-03		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Community Services Planning Council			Organizational Unit: Sacramento Hunger Commission		
Address (give city, county, State, and zip code): 909 12th Street, Suite 200 Sacramento, CA 95814			Name and telephone number of person to be contacted on matters involving this application (give area code): Peggy Roark, (916) 447-7063, ext. 335		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-1261196			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>nonprofit corp.</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="checkbox"/> - <input type="checkbox"/>			9. NAME OF FEDERAL AGENCY: USDA - Food and Nutrition Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento EATS(Enrollment Assistance Team System) with FSP(Food Stamp Program)		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 6-1-03	Ending Date 5-30-06	a. Applicant District 5		b. Project Districts 3, 5, 11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 999,798	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>2-26-03</u>			
b. Applicant	\$ 30,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ 330,909	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 1,360,707				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Nancy M. Findeisen		b. Title Executive Director		c. Telephone Number (916) 447-7063, ext. 328	
d. Signature of Authorized Representative <i>Nancy M. Findeisen</i>				e. Date Signed 2-26-03	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2/24/03	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: San Joaquin Valley Community Empowerment		Organizational Unit: San Joaquin Valley Community Empowerment																						
Address (give city, county, state, and zip code): 19040 East main street P.O. Box 1240 Linden, CA 95236		Name and telephone number of the person to be contacted on matters involving this application (give area code) Andrew Roam (209) 887-1959																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 73 - 1646033 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Non-Profit																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: USDA																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 - 766 </div> TITLE: Community Facility Loans		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community and migrant Health Centers for Linden and Stockton, CA.																						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Linden - SJ County, CA Stockton - SJ County, CA																								
13. PROPOSED PROJECT: Start Date: 2/28/03 Ending Date: 3/1/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Dist. 11 b. Project: Dist. 11																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$ 1,050,000</td><td>.00</td></tr> <tr><td>b. Applicant</td><td>\$ 75,000</td><td>.00</td></tr> <tr><td>c. State</td><td>\$ 459,000</td><td>.00</td></tr> <tr><td>d. Local</td><td>\$ 45,000</td><td>.00</td></tr> <tr><td>e. Other</td><td>\$ 15,000</td><td>.00</td></tr> <tr><td>f. Program Income</td><td>\$ 2,025,000</td><td>.00</td></tr> <tr><td>g. TOTAL</td><td>\$ 3,660,000</td><td>.00</td></tr> </table>		a. Federal	\$ 1,050,000	.00	b. Applicant	\$ 75,000	.00	c. State	\$ 459,000	.00	d. Local	\$ 45,000	.00	e. Other	\$ 15,000	.00	f. Program Income	\$ 2,025,000	.00	g. TOTAL	\$ 3,660,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/24/03 b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 1,050,000	.00																						
b. Applicant	\$ 75,000	.00																						
c. State	\$ 459,000	.00																						
d. Local	\$ 45,000	.00																						
e. Other	\$ 15,000	.00																						
f. Program Income	\$ 2,025,000	.00																						
g. TOTAL	\$ 3,660,000	.00																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
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a. Typed Name of Authorized Representative Andrew T. Roam		b. Title CEO/Administrator																						
d. Signature of Authorized Representative 		c. Telephone number 887-1959																						
		e. Date Signed 11/19/02																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 27, 2003	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: San Mateo County Resource Conservation District		Organizational Unit:																						
Address (give city, county, State, and zip code): 625 Miramontes Street, Suite 103 Half Moon Bay, CA 94019-1942 Mike.Ednoff@sanmateorcd.org		Name and telephone number of person to be contacted on matters involving this application (give area code): Mike Ednoff, Executive Director 650-712-7765 voice; 650-726-0494 fax																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 6036491		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">G</div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: NOAA Fisheries																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11 - 463 TITLE: Habitat Conservation		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Apanolio Canyon Steelhead Passage Project Pilarcitos Creek Watershed, EPA HUC 1805004 Half Moon Bay, California																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Apanolio Creek, San Mateo County, California		13. PROPOSED PROJECT Start Date: 06/01/03 Ending Date: 05/31/05 14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Lantos 12th; Eshoo 14th b. Project: Anna Eshoo, 14th																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal (NOAA)</td> <td>\$</td> <td style="text-align: right;">79,045.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">412,000.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other (Federal)</td> <td>\$</td> <td style="text-align: right;">258,320.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">749,365.00</td> </tr> </table>		a. Federal (NOAA)	\$	79,045.00	b. Applicant	\$.00	c. State	\$	412,000.00	d. Local	\$.00	e. Other (Federal)	\$	258,320.00	f. Program Income	\$.00	g. TOTAL	\$	749,365.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/28/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal (NOAA)	\$	79,045.00																						
b. Applicant	\$.00																						
c. State	\$	412,000.00																						
d. Local	\$.00																						
e. Other (Federal)	\$	258,320.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	749,365.00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type Name of Authorized Representative Michael Ednoff		b. Title Executive Director																						
c. Telephone Number 650-712-7765		e. Date Signed 02/26/03																						
d. Signature of Authorized Representative 																								

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED January 29, 2003	Applicant Identifier
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier FEB 25 2003
<input checked="" type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: **FARMERSVILLE PARK CREEK ASSOCIATES, A**

Address (give city, county, State, and zip code):
**13 - 12th Avenue South, Nampa
Canyon County, Idaho 83653**

Organizational Unit: **CALIFORNIA LIMITED PARTNERSHIP**

Name and telephone number of person to be contacted on matters involving this application (give area code):
Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[] [] - [] [] [] [] [] []

7. TYPE OF APPLICANT: (enter appropriate letter in box) **[N]**

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District

H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) **Partnership**

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) [] []

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:
UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10 - 415

TITLE: **Rural Rental Housing Section 515 (RRH-515)**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
PARK CREEK VILLAGE - Affordable rental housing apartment project - 48 total units consisting of 16/2-bdrm, 24/3-bdrm, & 8/4-bdrm units to be built on 3.45 acres located on the northeast corner of Walnut & Ventura Avenues in Farmersville, Tulare County, California.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Farmersville, Tulare County, California

13. PROPOSED PROJECT

Start Date: **10/1/03** Ending Date: **7/1/04**

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant District #1

b. Project District #17

15. ESTIMATED FUNDING:

a. Federal	\$	500,000
b. Applicant	\$	26,316
c. State	\$	2,306,076
d. Local	\$	915,000
e. Other	\$	650,000
f. Program Income	\$	
g. TOTAL	\$	4,397,392

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative: **Caleb Roope, Manager of, ROOPE, LLC**

b. Title: **General Partner**

c. Telephone Number: **(208) 461-0022**

d. Signature of Authorized Representative: _____

e. Date Signed: **2/22/03**

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application

☒ Construction☐ Non-Construction

Preapplication

☒ Construction☐ Non-Construction

2. DATE SUBMITTED

January 29, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

RED BLUFF VISTA RIDGE ASSOCIATES, A

Organizational Unit:

CALIFORNIA LIMITED PARTNERSHIP

Address (give city, county, State, and zip code):

13 - 12th Avenue South, Nampa
Canyon County, Idaho 83653Name and telephone number of person to be contacted on matters involving
this application (give area code)

Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

□□-□□□□□□

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es)

□ □

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify) Partnership

9. NAME OF FEDERAL AGENCY:

UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-415

TITLE: Rural Rental Housing Section 515 (RRH-515)

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Red Bluff, Tehama County, California 96080

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

VISTA RIDGE APARTMENTS - Affordable rental housing
apartment project - 56 total units consisting of 16/2-bdrm,
32/3-bdrm, & 8/4-bdrm units to be built on 7.0 acres
located on the northwest corner of Southridge Drive & the
future Vista Way extension, Tehama County, CA

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date
10/1/03Ending Date
7/1/04

a. Applicant

District #1

b. Project

District #2

15. ESTIMATED FUNDING:

a. Federal	\$	500,000 ⁰⁰
b. Applicant	\$	26,316 ⁰⁰
c. State	\$	3,535,657 ⁰⁰
d. Local	\$	
e. Other	\$	800,000 ⁰⁰
f. Program Income	\$	
g. TOTAL	\$	4,861,973 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE _____

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.a. Type Name of Authorized Representative
Caleb Roopé, Manager of ROOPE, LLCb. Title
General Partnerc. Telephone Number
(208) 461-0022

d. Signature of Authorized Representative

e. Date Signed
2/22/03

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 21, 2003		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Newman Village Partners, a Calif. Limited Partnership			Organizational Unit:		
Address (give city, county, State, and zip code): P.O. Box 6520, 8445 W. Elowin Court Visalia, Ca 93290			Name and telephone number of person to be contacted on matters involving this application (give area code): Doug Pingel. (559) 651-1000 ext. 651		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): Temporary for Self-Help Enterprises, General Partner, Not Partnership 94 - 1592676			7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Lmted. Partnership</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: USDA, Rural Housing Services		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 415 TITLE: Section 515, Rural Rental Housing Loan Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a 52-unit rental project with community room and recreational facilities		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Newman, County of Stanislaus, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/23/03	Ending Date 9/1/03	a. Applicant 21		b. Project 18	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal USDA, RD 515	\$	250,000			
b. Applicant	\$				
c. State State of Calif. WCD - HOME	\$	991,500			
d. Local	\$				
e. Other State & Federal Tax Credits	\$	5,659,543			
f. Conventional Loan	\$	600,000			
g. TOTAL	\$	7,501,043			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Peter N. Carey		b. Title Secretary, Self-Help Enterprises		c. Telephone Number (559) 651-1000	
d. Signature of Authorized Representative		General Partner of Newman Village Partners, A California Limited Partnership		e. Date Signed February 21, 2003	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 26, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Tower Pointe of Dos Palos, Limited Partnership Address (give city, county, State, and zip code): P.O. Box 1197 Sunset Beach, CA 90742		Organizational Unit: Limited Partnership Name and telephone number of person to be contacted on matters involving this application (give area code): David J. Cordes (562) 592-1518 FAX (562) 592-2049																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 00 - PENDING </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Limited Partnership</u> </div> </div>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA-Rural Development																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 10 - 415 </div> TITLE: 515		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New construction of 26 one-bdrm rental units for low to moderate income, 1 two-bdrm on-site manager unit, and an on-site office and laundry.																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Dos Palos, Merced County, California																							
13. PROPOSED PROJECT Start Date: 6-2004 Ending Date: 10-2004	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California 45th District b. Project: California 18th District																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,000,000</td> </tr> <tr> <td>b. Applicant (Inc. LIHTC Equity)</td> <td>\$</td> <td>536,904</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>935,057</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>2,521,961</td> </tr> </table>		a. Federal	\$	1,000,000	b. Applicant (Inc. LIHTC Equity)	\$	536,904	c. State	\$	935,057	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	2,521,961	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	1,000,000																					
b. Applicant (Inc. LIHTC Equity)	\$	536,904																					
c. State	\$	935,057																					
d. Local	\$																						
e. Other	\$																						
f. Program Income	\$																						
g. TOTAL	\$	2,521,961																					
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Type Name of Authorized Representative David J. Cordes, M.D.	b. Title President, Cordes Housing California, Inc., General Partner	c. Telephone Number (562) 592-1518																					
d. Signature of Authorized Representative 		e. Date Signed February 20, 2003																					

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application
☐ Construction
☐ Non-Construction

Preapplication
☒ Construction
☐ Non-Construction

2. DATE SUBMITTED
 February 26, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
 Pinewood Village Associates, Limited Partnership

Address (give city, county, State, and zip code):

P.O. Box 1197
 Sunset Beach, CA 90742

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

00-000000-00000000
 PENDING

RECEIVED
 FEB 24 2003

STATE CLEARING HOUSE

Organizational Unit:

Limited Partnership

Name and telephone number of person to be contacted on matters involving

this application (give area code)

David J. Cordes
 (562) 592-1518 FAX (562) 592-2049

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State
 B. County

C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District

H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) Limited Partnership

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-415

TITLE: 515

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Escalon, San Joaquin County, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

New construction of 26 one-bdrm rental units for low to moderate income, 1 two-bdrm on-site manager unit, and an on-site office and laundry.

13. PROPOSED PROJECT

Start Date Ending Date
 9-2004 1-2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
 California 45th District

b. Project

California 11th District

15. ESTIMATED FUNDING:

a. Federal USDA-RD Sec 515	\$	1,000,000	00
b. Applicant (Inc. LIHTC Equity)	\$	616,112	00
c. State MHP Loan	\$	1,062,506	00
d. Local	\$		00
e. Other	\$		00
f. Program Income	\$		00
g. TOTAL	\$	2,678,507	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE _____

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
 David J. Cordes, M.D.

b. Title President, Cordes Housing
 California, Inc. General Partner

c. Telephone Number
 (562) 592-1518

e. Date Signed
 February 20, 2003

d. Signature of Authorized Representative

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION

Application



Construction



Non-Construction

Preapplication



Construction



Non-Construction

3. DATE RECEIVED BY
STATE

State Application Identifier

4. DATE RECEIVED BY
FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Organizational Unit:

DEPARTMENT OF HEALTH SERVICES

Address (give city, county, state, and zip code):

601 NORTH SEVENTH STREET
P.O. BOX 942732
SACRAMENTO CA 94234-7320Name and telephone number of the person to be contacted on matters
involving this application (give area code)

ROBIN R HOOK (916)-323-0871

6. EMPLOYER IDENTIFICATION (EIN):

68-03171917. TYPE OF APPLICANT: (enter appropriate letter here) A

A. State

H. Independent School District

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District N. Other (Specify):

8. TYPE OF APPLICATION:

☐ New☒ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other Specify:

9. NAME OF FEDERAL AGENCY:

ENVIRONMENTAL PROTECTION AGENCY

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE
NUMBER:66.468

TITLE:

CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM

12. AREAS AFFECTED BY PROJECT (cities, counties, states,
etc.):

CALIFORNIA - STATEWIDE

13. PROPOSED PROJECT:

Start Date
01-01-03End Date
9-30-09

14. CONGRESSIONAL DISTRICT OF

a. Applicant: 1

b. Project ALL

15. Estimated Funding:

a. Federal \$ 82,460,900

b. Applicant \$

c. State \$16,492,180

d. Local \$

e. Other \$2,000,000

f. Program Income \$

g. TOTAL \$ 100,953,080

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER
12372 PROCESS? YESa. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR
REVIEW ON:DATE December 31, 2002b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes" attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH
THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative.

David Souleles

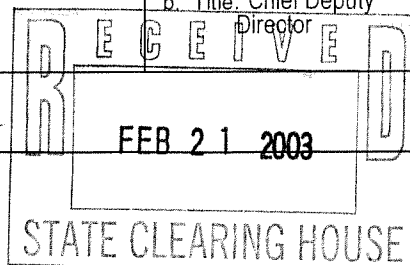
d. Signature of Authorized Representative

b. Title: Chief Deputy
Director

c. Telephone Number

657-1425

e. Date Signed

2/11/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier <div style="text-align: center; font-size: 1.2em;">2</div> State Applicant Identifier Federal Identifier <div style="text-align: center; font-size: 1.1em;">04-004-68-0386518</div>	
--	--	---	--	---	--

5. APPLICANT INFORMATION	
Legal Name: The CSU, Chico Research Foundation Address (give city, county, state, and zip code): Kendall Hall, Room 114 CSU, Chico Chico, Butte Co., CA 95929-0870	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Technical: Dan Ripke (530) 898-4598 Budgetary: Diane Johnson (530) 898-6543 Contractual: Virginia Sturr (530-898-5700)

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 - 0 3 8 6 5 1 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) I <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
---	--

8. TYPE OF APPLICATION: <div style="text-align: center;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other (specify): _____</div> <div style="width: 30%;"></div> </div>	9. NAME OF FEDERAL AGENCY: <div style="text-align: center;">U. S. Department of Agriculture Rural Development</div>
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 . 7 6 9 </div> TITLE: Rural Business Enterprise Grant Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Northern California Entrepreneur Development Program
--	--

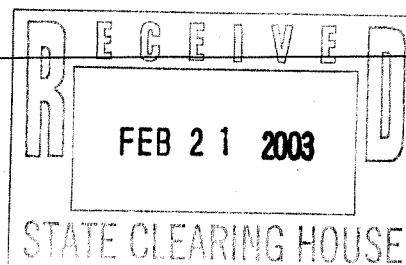
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 17 county region of Northern California	
---	--

13. PROPOSED PROJECT: Start Date: 7/1/2003 Ending Date: 6/30/2004	14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex;"> <div style="flex: 1;"> a. Applicant <div style="text-align: center; font-size: 1.1em;">Second</div> </div> <div style="flex: 1;"> b. Project <div style="text-align: center; font-size: 1.1em;">2</div> </div> </div>
--	--

15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%; text-align: right;">150,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">150,000.00</td> </tr> </table>	a. Federal	\$	150,000.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	150,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>02/20/03</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	150,000.00																				
b. Applicant	\$	0.00																				
c. State	\$	0.00																				
d. Local	\$	0.00																				
e. Other	\$	0.00																				
f. Program Income	\$	0.00																				
g. TOTAL	\$	150,000.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Jeff Wright	b. Title Director, Office of Sponsored Programs	c. Telephone number 530-898-5700
d. Signature of Authorized Representative 		e. Date Signed <div style="font-size: 1.2em;">2/20/03</div>



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 19, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Stanford University		Organizational Unit:	
Address (give city, county, State, and zip code): Office of Research Administration 651 Serra Street, Room 260 Stanford CA 94305-4125		Name and telephone number of person to be contacted on matters involving this application (give area code): Res Adm: Blanca Revuelta 650-725-0515	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1156365		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">J</div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: National Oceanic & Atmospheric Adm. Estuarine Reserves	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-420 TITLE: Coastal Zone Management Estuarine Res.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The effects of the invasive reef-building polychaete, Ficopomatus enigmaticus, on the physical environment and biological community of Elkhorn Slough, CA.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Moss Landing, Monterey County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/03	Ending Date 5/31/04	a. Applicant 14th	b. Project 17th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 17,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/21/03	
b. Applicant	\$ 7,815.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 25,315.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Blanca Revuelta		b. Title Contract Officer	c. Telephone Number (650) 725-0515
d. Signature of Authorized Representative Blanca Revuelta		e. Date Signed 2/24/03	

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 Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
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5. APPLICANT INFORMATION Legal Name: Self-Help Home Improvement Project Address (give city, county, state, and zip code): 3777 Meadowview Drive #100 Redding, CA 96002		Organizational Unit: Name and telephone number of the person to be contacted on matters involving this application (give area code): Keith Griffith (530) 378-6905
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 2 9 9 0 6 7 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Non Profit Corporation </div> </div>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: USDA Rural Development
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 - 4 3 3</div> TITLE: Rural Housing Preservation Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Scattered site housing preservation repair and rehabilitation assistance to 32 very low-income owner occupied housing units in Shasta and Tehama County, California.
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Shasta and Tehama County, CA		
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13. PROPOSED PROJECT: Start Date Ending Date 6/1/03 5/31/04	14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex;"> <div style="width: 50%;"> a. Applicant 2nd CD California </div> <div style="width: 50%;"> b. Project 2nd CD California </div> </div>
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">80,000</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>128,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>208,000</td> <td>.00</td> </tr> </table>	a. Federal	\$	80,000	.00	b. Applicant	\$.00	c. State	\$	128,000	.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	208,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 2/19/03 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	80,000	.00																										
b. Applicant	\$.00																										
c. State	\$	128,000	.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	208,000	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative Keith Griffith	b. Title Executive Director	c. Telephone number (530) 378-6905
d. Signature of Authorized Representative 	e. Date Signed 2/19/03	

APPLICATION FOR FEDERAL ASSISTANCE (SF 424)		2. DATE SUBMITTED February 19, 2003		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE February 19, 2003		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name STATE OF CALIFORNIA			Organizational Unit: OFFICE OF HISTORIC PRESERVATION		
Address (give city, county, state, and zip code): P.O. BOX 942896 SACRAMENTO, CA 94296-0001 (Sacramento County) 6400 -06 -067			Name and telephone number of the person to be contacted on matters involving this application (give area code) DR. W. KNOX MELLON, State Historic Preservation Officer (916) 653-6624		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>9</u> <u>4</u> <u>6</u> <u>0</u> <u>0</u> <u>1</u> <u>3</u> <u>4</u> <u>7</u>			9. NAME OF FEDERAL AGENCY: National Park Service (1443)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If revision, enter appropriate letter(s) in spaces below: A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			7. TYPE OF APPLICANT: (enter appropriate letter in box): A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>1</u> <u>5</u> <u>9</u> <u>0</u> <u>4</u> TITLE: <u>HISTORIC PRESERVATION</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ANNUAL APPLICATION FOR FEDERAL FY 03 (60/40) FROM HISTORIC PRESERVATION FUND FOR ACTIVITIES RELATED TO THE REQUIREMENTS OF THE NATIONAL HISTORIC PRESERVATION ACT, INCLUDING PLANNING, IDENTIFICATION AND PROTECTION OF HISTORIC PROPERTIES STATEWIDE.		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATEWIDE					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date 10/01/02	Ending Date 09/30/03	a. Applicant STATE OF CALIFORNIA		b. Project SEE # 11 ABOVE.	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$930,967	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>2-19-03</u>			
b. Applicant	\$0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$521,342				
d. Local	\$93,097				
e. Other	\$6,206.				
f. Program Income	\$0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$1,551,612				
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded					
a. Typed Name of Authorized Representative DR. KNOX MELLON		b. Title STATE HISTORIC PRESERVATION OFFICER		c. Telephone Number (916) 653-6624	
d. Signature of Authorized Representative <i>K. Mellon</i>		2/20/03		e. Date Signed 2/19/03	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED December 20, 2002	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
FEB 18 2003
STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Legal Name: City of Nevada City	Organizational Unit: Wastewater Department
Address (give city, county, State, and zip code): 317 Broad Street, Nevada City, Nevada County, CA 95959	Name and telephone number of person to be contacted on matters involving this application (give area code): Mark Miller, City Manager 530-265-2496
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000979	7. TYPE OF APPLICANT: (enter appropriate letter in box) C
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: USDA Water and Waste Loan and Grant	9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City Of Nevada City	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Nevada City Wastewater Improvements Program
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 6/1/03 Ending Date: 4/30/07	a. Applicant: Second b. Project: Second
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,730,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12/18/02
b. Applicant \$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
c. State \$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
d. Local \$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
e. Other \$ ⁰⁰	
f. Program Income \$ ⁰⁰	
g. TOTAL \$ 2,730,000 ⁰⁰	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Mark Miller	b. Title City Manager
c. Telephone Number 530-265-2496	d. Signature of Authorized Representative Mark Miller
e. Date Signed 12/19/02	